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APPLICANTS Michael L. Bell, Fullerton, CA;				
** CONTINUING DATA ***** <i>ah</i>				
** FOREIGN APPLICATIONS ***** <i>ah</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/19/2003				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 23
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>ah</i>			INDEPENDENT CLAIMS 2
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TITLE Clinical analysis system				
FILING FEE RECEIVED 804	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	